



Arkansas Department of Community Correction

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Little Rock, Arkansas 72201-5731
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ADMINISTRATIVE DIRECTIVE: 01-06

SECONDARY EMPLOYMENT

TO: DEPARTMENT OF COMMUNITY PUNISHMENT (DCP) EMPLOYEES
FROM: G. DAVID GUNTARP, DIRECTOR

SUPERSEDES: AD 99-06

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APPROVED: Signature on File

EFFECTIVE: FEBRUARY 15, 2001

- I. APPLICABILITY.** This policy applies to DCP employees.
- II. POLICY.** Employees are allowed to engage in secondary employment if such employment does not conflict with, negatively reflect on, or adversely affect an employee's ability to perform duties for the DCP, the primary employer, or violate the agency code of ethics or rules of conduct as described in the Employee Conduct and Discipline policy.
- III. GUIDELINES.**
 - A.** An employee's primary duty, obligation and responsibility is to the DCP. Employees in certain positions are subject to be called in to work as necessary, e.g. emergencies, staff shortages, etc. In such instances, an employee engaged in secondary employment is expected to leave his or her outside employment to report to the primary job with the DCP.
 - B.** Employees must conduct themselves in a manner consistent with DCP requirements and expectations, even though engaged in outside employment.
 - C.** Employees are prohibited from reporting to work with a secondary employer while on limited duty/administrative assignment or on catastrophic, family medical or sick leave which prevents them from performing their regular duties with the DCP.
 - D.** Upon signing the Secondary Employment Agreement Form, AD 01-06 Form 1, an employee may engage in outside employment that does not interfere or conflict with, negatively reflect on the agency, or adversely affect an employee's ability to perform regular duties for the DCP. The employee must update this information within 10 work days of substantial changes.
- IV. ATTACHMENT.**

AD 01-06 Form 1 Secondary Employment Agreement

Secondary Employment Agreement Form

I plan to hold a secondary job with the following agency/company. This employment will not interfere or conflict with DCP employment, negatively reflect on the agency, or adversely affect my ability to perform regular duties for the DCP. I will update this information within 10 days of substantial changes.

Agency Name:

Agency / Company Address:

Agency / Company Phone:

Work phone at which I can be
reached:

Anticipated Duties:

Anticipated Schedule:

Employee's Signature

Date

Supervisor's Signature

Employees' Printed Name

Supervisor's Printed Name